



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

FULTON COUNTY DUI COURT PROGRAM HANDBOOK

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Judge Susan B. Forsling

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DUI TREATMENT PROGRAM

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*** MISSION STATEMENT ***

The mission of the Fulton County State Court DUI Program is to implement and develop a program to enhance public safety and reduce the recidivism of multiple DUI offenders in Fulton County by providing meaningful accountability and treatment to participants, and education to the public.

*** INTRODUCTION ***

The Fulton County DUI Court Program (“Program”) is a post-conviction treatment program for those who have multiple violations of driving while under the influence of alcohol or other intoxicants. It is a part of the probation portion of a DUI sentence.

The DUI Court is a team concept involving the Judge, the prosecutor, the public defender or the defense lawyer, the probation officer, the Marshal’s department, the program coordinator, and substance abuse treatment professionals.

There are five (5) required components to participate in the DUI Court:

- DUI Treatment
- Completion of DDS of DUI, Alcohol or Drug use Risk Reduction Program
- Submission to random home visits
- Random drug testing
- Participation at compliance reviews

The Program involves enhanced supervision, counseling, and treatment for the individual to function in the community with continuing support. The Program goal is to achieve sobriety of all Program participants in order to improve the quality of their lives and eliminate future violations of the law.

All defendants accepted into the Program are assigned and supervised by Judge Susan B. Forsling, Division 1 of the State Court of Fulton County.

*** SOME FUNDAMENTALS OF THE PROGRAM***

- You are required to attend all compliance reviews and proceedings, probation, treatment sessions (Group, Individual, Family, and Case Management), and at least three 12 step meetings per week throughout the program.
- This is a substance-free program. All participants are required to refrain from all alcohol and drug (illicit and habit-forming prescriptions) throughout the program.
- Participants are required to comply with all program requirements. If a participant feels that they cannot meet program expectations, they are to contact a court or treatment person immediately. Honesty is key to recovery!

*** COST OF THE PROGRAM ***

As a condition of attendance in the Program, you are required to pay Program fees. Accordingly, seeking and maintaining employment is a condition of your participation. Inability of a participant to work will be addressed on a case-by-case basis. The initial clinical evaluation costs \$95.00. Payment in the form of cash or money order is due upon meeting with the clinical evaluator. The Program costs **\$50.00** per week **in addition** to any other fees or fines assigned by the court. You will be required to pay all weekly program fees in a timely manner. All payments must be made by cash, money orders or cashier's check made payable to the State Court of Fulton County.

If you owe more than \$300.00 during your current phase, you will not be allowed to step down to the next phase. If you have completed the program yet owe treatment fees, you will not graduate or receive the DHR certificate of completion.

*** TREATMENT ***

Each participant is required to complete a clinical evaluation with a registered evaluator with the Department of Human Resources. The clinical evaluation will consist of a detailed interview as well as information from collaborative sources. Based upon the findings of the comprehensive assessment, the appropriate level of treatment will be recommended.

The Fulton County Department of BH/DD offers Level 0.5 (Early Intervention Services/Hybrid), and Level I DUI treatment. The length of each program is as follows:

- **Early Intervention/Hybrid Program:** The Hybrid Program is a 30 week program. All participants will attend the Phase I program for 12 weeks, three times per week. Hybrid participants will be reviewed at the end of the 12 weeks by the treatment team. Upon their recommendation, the DUI Court Team can approve the participant to progress to the 18 week program, twice a week, if the participant has been compliant with all of the DUI Court guidelines. If the participant has not been compliant or in the opinion of the team, needs more intense treatment, the DUI Court Team can recommend to the judge a higher level of care based on the participant's performance in the program. 75 community service hours will be awarded upon completion.
- **Level I:** Four (4) Phases, 12 weeks per phase, maximum of 9 hours per week.

This program is designed to be a minimum of 12 months to 2 years. Length of treatment is dependent upon the individual's progress and participation. In the event that a participant's needs surpass his/her current level of treatment, the treatment team can make a recommendation to the court for placement in a higher level of care. Participants requiring a higher level of treatment will be referred to the appropriate providers for follow up. 160 community services hours will be awarded upon completion.

Following orientation, participants will be required to work with the treatment provider to develop an individualized treatment plan to address his/her issues.

Each participant is required to attend all assigned treatment sessions, including group and individual therapy, as well as case management, family education, and periodic treatment planning and re-evaluations. Family members are prohibited from attending group therapy sessions. Mandatory random breathalyzer and urine drug screens will be provided during treatment. Participants are required to attend a minimum of three (3) 12-step (or other approved recovery support group) meetings per week as well as obtain a sponsor.

DILUTE SCREENS

A dilute screen occurs when excessive amounts of fluids have been ingested within a short period of time before a test. Rapid ingestion of 2-4 quarts of fluid within 90 minutes before a test will almost always produce a dilute screen.

Positive dilutes indicate behaviors of altering, modifying or substituting bodily fluids for the sole purpose of changing the results of a drug test. Unless you have documented medical issues which would require consumption of large quantities of fluid, a dilution screen is considered positive and will be sanctioned as follows:

1st dilute: private discussion with DUI Court Team

2nd dilute: additional community service hours.

3rd dilute: 24 hour incarceration.

More than three (3) termination from the DUI Court program.

TREATMENT PROGRAM DESCRIPTION

FOUR PHASES OF TREATMENT

PHASE/TITLE	TOPICS
Phase I Drug & Alcohol Education	<ul style="list-style-type: none">• Addicts and Addiction• The Disease of Addiction & Its Effects• Consequences of Your Criminal Behavior• Now Is the Time for Real Change• Making Changes• Developing A Relapse Plan• Beginning the Transition to Lifelong Change and Recovery
Phase II Criminal & Addictive Thinking	<ul style="list-style-type: none">• Learning To Think about Your Thinking• Criminality and Addiction on a Continuum• Learning to Think about Your Behavior
Phase III Socialization	<ul style="list-style-type: none">• Socialization• Where Have I Been• What Works, What Doesn't• How do I Change?
Phase IV Release & Reintegration	<ul style="list-style-type: none">• Criminal & Addictive Thinking• Building a Foundation for Your Future• Setting Employment Goals• Handling Money and Creating a Budget• Free Time & Leisure Activities• Your Plan for Life After Release

TREATMENT PROGRAM DESCRIPTION

PHASES I*, II & III REQUIREMENTS

- Random breath tests and urine drug screens (minimum 2 times a week).
- Report to Probation Officer at a minimum of once a month.
- Attend DUI Court review hearing 2 times per month.
- Attend all scheduled treatment sessions.
 - Phase I: three 2 1/2 hour sessions
 - Phase II: two 2 1/2 hour sessions
 - Phase III: one 2 1/2 hour session
- Follow recommended treatment plan.
- Random home visits by the Marshal's Dept.
- Make regular payments toward treatment costs.
- Attend a minimum of three (3) formal support group meetings per week.
- Obtain support group sponsor with verification and maintain contact with sponsor.
- Must have 90 consecutive days of sobriety, with a sponsor, and be current in treatment costs to progress to the next Phase.
- Receive credit of 40 hours of community service per phase for successful completion of each phase (120 hours total for successful completion of Phases I, II and III.)

*DHR Verification of Treatment Enrollment Certificate will be issued upon successful completion of Phase I.

PHASE IV REQUIREMENTS

- Random breath tests and urine drug screens (minimum 2 times a week).
- Report to Probation Officer at a minimum of once a month.
- Attend DUI Court review hearing one time per month.
- Attend all scheduled treatment sessions, minimum of one 2 1/2 hour session per week.
- Follow recommended treatment plan.
- Random home visits by the Marshal's Dept.
- Make regular payments toward treatment costs.
- Attend a minimum of three (3) formal support group meetings per week.
- Maintain contact with support group sponsor.
- Must have 90 consecutive days of sobriety, with a sponsor, and be current in treatment costs to receive DHR Certificate of Treatment Completion.
- Receive credit of 40 hours of community service for successful completion of Phase IV.
- Complete commencement.

FAMILY EDUCATION & ORIENTATION

Family members are encouraged to participate in participants' recovery efforts. Upon entering into the Fulton County DUI Treatment Program, you will be asked to attend an orientation and family members are strongly encouraged to attend. This orientation is an opportunity for you and your family to learn about the expectations of the program as well as ask questions regarding the program and its impact on you and your family.

In addition, the Fulton County Department of BH/DD offers a 12-week Family Education Series regarding addiction and recovery that is free to all participants family members as well as members of the community. Topics of discussion include: triggers & cravings, AA, stages of family recovery, Avoiding / Coping with Relapse, and families in recovery. These family sessions are strictly educational and are an opportunity for learning. The family education sessions are held at the same time as DUI groups and information regarding dates and times will be distributed to participants regularly.

PROBATION

As a participant in the DUI Court program, please take note of the following. A person on probation violates probation when he or she commits the following:

- Violates the criminal laws of any governmental unit.
- Uses illegal drugs or alcohol, or **visit places** where intoxicants, drugs, or other dangerous substances are sold, dispensed, or used.
- Does not work faithfully at a lawful occupation insofar as may be possible.
- Changes place of residency known to the Probation Officer, or leaves the known location for any period of time without prior permission of the Probation Officer or the Court.
- Fails to make full and truthful reports to the Probation Officer and/or the Court as well as answer all inquiries and comply with all instructions as directed.
- Tests positive for any illegal drugs or alcohol while under supervision of said program or probation.

TRANSFER CASES

If your case was transferred from another county, your probation is subject to the original sentencing court unless there is a provision stated in your Transfer Order for it to be completed through Judicial Correctional Services. Please check with the DUI Coordinator and your Probation Officer for more information. All participants are required to pay their fines to the original sentencing court.

*** MEDICATION ***

As a condition of admission to the Program, you must agree to disclose to your treatment provider the name of your current physician or health care provider, including their name, address and phone number. You are required to sign a medical information release form authorizing your physician and/or healthcare provider to disclose any and all of your medical information to the Program and treatment provider. **No drug of any kind, prescription or non-prescription, or any dietary and herbal supplement or performance enhancement drugs, whether prescribed or over-the-counter, is to be taken without physician approval and with immediate notice to your treatment provider and the DUI Court Coordinator.**

INFORM ALL PHYSICIANS, DENTISTS, PHARMICISTS, AND OTHER HEALTHCARE PROFESSIONALS THAT WILL BE INVOLVED IN YOUR MEDICAL TREATMENT AND PRESCRIBING OF MEDICATION THAT YOU ARE IN RECOVERY AND INVOLVED IN A DUI COURT PROGRAM WHICH PROHIBITS YOU FROM TAKING ANY MOOD-ALTERING DRUGS AND/OR HABIT-FORMING SUBSTANCES.

The Following pages contain guidelines for substances that can be taken safely in recovery as well as substances that are strictly prohibited. This is only a guide and is not expected to be all-inclusive. Persons who are prescribed items on the prohibited list must speak with their treatment provider and healthcare professional immediately to ensure that you are in compliance with program requirements.

If you take medication on the prohibited list, you may test positive for drugs and thus, may receive sanctions.

Allergy / Decongestants (Systemic)

Safe Allergy / Decongestant Medication List

Travist-1® (Clemastine Fumarate)

Claritin® (Loratadine)

Clarinex® (Desloratadine)

Allegra® (Fexofenadine)

Zyrtec® (Cetirizine)

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Brompheniramine	Dimetane®, Dimetap®
Chlorpheniramine	Chlor-Trimeton®, Efidac®, Teldrin®
Dexchlorpheniramine	Polaramine-RX®
Diphenhydramine	Benadryl® Benylin Cough®
Triprolidine	Actifed®
Cyproheptadine	Perictin-RX®
Phenylephrine	AH-Chew D®, Entex LA®, Nalex-A®, Prolex-D® Sinutuss DM® Tussafed-EX®
Promethazine	Phenergan-RX®
Pseudoephedrine	Sudafed®, Novafed, Profen Allegra D® Claritin D® Zytrec D® (contains pseudoephedrine)

Anorexiants, Stimulants, and Weight Control

Safe Anorexiants, Stimulants and Weight Control Medication List
Xenical® (Orlistat) Diet Ayds® (candy) Slim-Mint®(gum)

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Amphetamine Salts	Adderall®, Dexedrine®
Benzphetamine HCl	Didrex®
Caffeine	Red Dog®, Rip Tide®, Others
Diethylpropion HCl	Tenuate®, Tepanilz®
Ephedrine, Ephedra, Ma Haung	Metabolife®, Metobolite®
Modafinil	Provigil®
Methylphenidate	Concerta®, Metadate® Methylin®, Methylphenidate
Nicotine	Tobacco products Nicorette®, Nicoderm®
Pemoline	Cylert®
Phendimetrazine Tartate	Bontril PDM®, Anorex® Melfiat-105®, Prelu-2®
Phentermine HCl	Fastin®, Adipex-P® Ionamin®, Obephen®

Analgesics (Pain Relief)

Safe Analgesics / Pain Reliever

Over The Counter:

Advil®,

Aleve®

Asprin®

Bufferin®

Tylenol®

RX:

Disalcid®,

Salflex® Dolobid®

Trilisate®

Non-steroidal Anti-inflammatory Agents:

Anaprox®, Ansaid®

Arthrotec® Bextra®

Cataflam®, Celebrex®

Clinoril®, Daypro®

Feldene® Indocin®

Lodine® Meclomen®

Mobic® Motrin®

Nalfon® Naprelan®

Naprosyn® Orudis®

Oruvail® Ponstel®

Relafen® Tolectin®

Toradon® Vioxx®

Voltaten®

Misc.

Dantrium®, Flexeril®, Lioresal®, Robaxin®, Skelaxin®

Imitrex® (migraines) Zomig® (migraines)

Analgesics (Pain Relief) continued

MEDICATIONS CONTAINING MOOD-ALTERING
INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Hydromorphone HCl	Dilaudid®
Levorphanol Tartate	Levo-Dromoran®
Methadone HCl	Dolophine®
Meperidine HCl	Demerol®
Morphine Sulfate	Mepergan Fortis® Avinza®, Duramorph® MS Contin®,
Opium	Paregoric®
Alfentanil HCl	Alfenta®
Fentanyl	Sublimaze® Duragesic®
Oxymorphone HCl	Numorphan®
Propoxyphene	Wygesic®, Darvon® Darvocet®
Sufentanil Citrate	Sufenta®
Hydrocodone Bitartrate	Anexsia®, Bancap® Hycodan®, Hydrocet® Lorcet®, Lorcet-HD® Lortab®, Maxidone® Norco®, Vicodin® Vicoprofen®, Zydone®
Methotrimeprazine	Levoprome®
Malbuphine HCl	Nubain®
Pentazocine	Talwin NX®, Talacen®

Analgesics (Pain Relief) continued

MEDICATIONS CONTAINING MOOD-ALTERING INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Tramadol HCl	Ultram®, Ultracet®
Carisoprodol	Soma, Soma Compound with Codeine
Levomethadyl	ORLAAM®
Buprenorphine HCl	Buprenex®
Codeine	Empirin #3,4® Fiorcet w/ codeine® Fiorinal w/ codeine®
Analgesics with Barbiturates	Esgic®, Fioricet® Triad®, Phrenilin® Axocet®, Bucet® Fiorinal®, Axotal
Butorphanol Tartrate	Stadol®
Caffeine	Vanquish®, Excedrin® Goody's Powder®, Midol®, BC Powder® Cope®
Dihydrocodeine Bitrtrate	DHC Plus® Caps Panlor SS®
Oxycodone HCl	Synalgos-DC® Caps Oxcotin®, Oxyir® Percodan®, Percocet® Roxicet®, Tylox®

Safe Asthma Medication List

Advair®, Alupent® Brethine®,
Combivent® Duoneb®, Maxair®
Proventil, Pulimart® Qvar®, Vanceril® Volmax®

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Ephedrine	Primatene® Tablets
Epinephrine	Primatene® Mist

Cough & Cold

Safe Cough & Cold Medication List

Over the Counter:

(Guaifenesin) Naldecon Senior EX® Organidin NR® Robitussin® Plain Breonesin® Capsule

RX:

(Guaifensin) Organidin NR® Duratuss G®

Fenesin Tablets® Humibid LA® (Benzonatate-sofgels)

Tessolon Perles®

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Codeine	Ambenyl®, Brontex® Hovahistine DH® Nucofed®, Phenegran with Codeine Robitussin AC®
Dextromethorphan	Benylin®, Delsym® Dimetap Cough® Comtrex®, Contac® Duratuss® plain or DM Ny-quil® Novihistine DMX® Novafed® Profen® Robitussin DM® Vicks Formula 44D®
Hydrocodone Compound	Hycodan® Tabs & syrup Hycomine®
Hydrocodone Syrup (Multiple generics and trade names)	Anaplex HD® Bitartrate/Guaifensin syrup, Duratuss HD® Hycotuss® Hycotuss® Expectorant Hydrocodone Protuss/ProtussD Vicodan Tuss® Expectorant, Others

Sedatives / Antianxiety Agents

Safe Sedatives / Antianxiety Agents

Over the Counter:

Doxylamine Succinate

RX:

Adapine®, Buspar® (Buspirone HCL) Desyrel® (Trazadone) Elavil®, Mellaril®, Paxil® Seroquel®,
Sinequan® Thorazine®, Trilafon®

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
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Meprobamate

Equanil®, Miltown® Meprospan®

Benxodiazepines:

Alprazolam

Xanax®

Chlordiazepoxide

Librium®, Libritabs® Librax®

Clonazepam

Klonopin®

Clorazepate

Tranxene®

Dipotassium

Gen-Xene®

Diazepam

Valium®, Valrelease® Dizax®

Etazolam

ProSom®

Flurazepam

Dalmane®

Halazepam

Paxipam®

Lorazepam

Ativan®

Oxazepam

Serax®

Quazepam

Doral®

Temazepam

Restoril®

Tiazolam

Halcion®

Sedatives / Antianxiety Agents Continued

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
<i>Non-Benzodiazepines:</i>	<i>Non-Benzodiazepines:</i>
Chlormezanone	Trancopal®
Doxepin HCl	Sinequan®, Adapin®
Hydroxyzine HCl	Vistaril/generic
Hydroxyzine Pameate	Atarax/generic
Chloral Hydrate	Chloral Hydrate
Ethchlorvynol	Placidyl®
Glutethimide	Doriden®
Paraldehyde	Paral®
Zaleplon	Sonata
Zolpidem Tartrate	Ambien®
<i>Barbiturates:</i>	<i>Barbiturates:</i>
Amobarbital/Secobarbital Combinations	Tuinal Pulvules®
Amobarbital Sodium	Amytal Sodium®
Aprobarbital	Alurate®
Butabarbital Sodium	Butisol Sodium®
Mephobarbital	Mebaral®
Pentobarbital Sodium	Nembutal Sodium®
Phenobarbital	Solfoton®, Luminal®
Secobarbital	Seconal Sodium®
	<i>OTC:</i> Benadryl®, Compoz® Dormin
	Extra-Strength Tylenol PM®
	Excedrin PM® Legatrin PM®
	Nervine® Nighttime Pamprin® Nytol® Sleep-eze®
	Sominex®, Twilite® Unisom®

Diarrhea

Safe Diarrhea Medication List

Diasorb® Donnagel® Tabs

Kaopectate® Kaopectolin®

Kaodene® Lactinex®

Imodium® A-D capsules/tablets

Pepto-Bismol® Rheaban®

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Alcohol	Imodium A-D Liquid® Paregoric®, Pepto Diarrhea Control®
Diphenozylate HCL Atropine Sulfate	Lomotil®, Logen® Lonox®
Tincture of Opium	Donnagel Liquid®

Nausea (Anti-emetic / Anti-vertigo Agents)

Safe Nausea (Anti-emetic / Anti-vertigo Agents)

Over the Counter:

Emetrol®, Emecheck® Pepto-Bismol®, Nausetrol®

RX:

Anzemet®, Compazine® Kytril®, Metoclopramide: Reglan®, Maxolon® Octamide®, Norzine®
Thorazine®, Tigen® (trimethobenzamide HCl) Torecan®, Trilafon® Zofran®

Nausea (Anti-emetic / Anti-vertigo Agents) Continued

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Cyclizine	Marezine®
Chlorpromazine Buclizine HCl	Bucladen®
Dimehydrinate	Dramamine®, Triptone® Vertab®
Diphenhydramine	Benadryl®
Diphenidol	Vontrol®
Dronabinol	Marinol®
Meclizine	Antivert®, Bonine® Dramamine®, Vergon®
Promethazine	Phenegan® Tablets
Scopolamine Transdermal	Transderm-Scop®

Nasal Decongestant Sprays

Safe Nasal Decongestant Spray
Medication List
<u>Over the Counter:</u>
Ayr Saline®
<u>RX:</u>
Aerobid®, Astelin® Attovert®, Azmacort® Beconase®, Flonase® Nasacort®, Nasalcrom® Nasalide®, Nasarel® Nasonex®, Rhinocort® Vancanase®

Nasal Decongestant Sprays Continued

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Ephedrine	Pretz-D®
Epinephrine HCL	Adrenaline Chloride Solution
L-Desoxyephedrine	Vicks® Inhaler
Naphazoline HCl	Privine®
Oxymetazoline HCl	Afrin®, Allerest® Dristan®, Duration® 4-Way®, Sinarest®
Phenylephrine HCl	Neo-Synephrine® Sinex®, Alconefin® Nostril®
Propylhexedrine	Denzedrex®
Tetrahydrozoline HCl	Tyzine®
Xylometazoline HCl	Otrivin®

Mouthwash / Mouthcare Dental Hygiene

Safe Mouthwash / Mouthcare Dental Hygiene
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Medication List

Cepastar® Chloraseptic Gly-Oxide® Halls® Lozenges Mycinette® N'Ice® Lozenges Orajel® Perioseptic Sucrets® Lozenges Vicks® Cough Drops Vicks® Throat Discs
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Mouthwash / Mouthcare Dental Hygiene

Continued

MEDICATIONS CONTAINING MOOD-ALTERING

INGREDIENTS:

Mood Altering Ingredient to Avoid	Common Brand Names
Alcohol	Advance Formula N'Ice® Throat Spray, Cepacol® Cheracol Sore Throat Spray®, Listerine® Listermint®, Peridex® Perioguard®, Plax® Scope® Sucretes® Spray

ENERGY DRINKS

Tilt FourSparks Rockstar 21
3 Sum Tilt Liquid Charge Spykes
24/7 Torque Be to the E Catalyst

**** Please read the labels for all energy drinks that may contain alcohol.**

Bitters are also prohibited. They are 45% alcohol!

**Reminder: No Herbal Supplements or performance enhancement drugs may be taken
Without clearance by CHR Personnel and DUI Court Coordinator**

**** PLEASE READ: VERY IMPORTANT!**

SHOULD YOU CONTINUE TAKING ADDICTIVE MEDICATION, A HEARING WILL BE SCHEDULED TO ALLOW YOU TO PRESENT EVIDENCE OF THE NEED FOR THESE MEDICATIONS. IF YOU ELECT TO CONTINUE USE WITHOUT AUTHORIZATION FROM THE DUI COURT TEAM, POSITIVE DRUG SCREENS WILL BE CONSIDERED SANCTIONABLE AND TERMINATION A POTENTIAL END RESULT.

HOME VISITS

The Marshals conduct random home visits throughout the program. These visits are designed to monitor the participant's compliance with program policies, ensure that no contraband is present in participant homes and ensure that the home environment is conducive to recovery. The Marshals will be in uniform during visits. Participants are required to be available for home visits.

Home visits are conducted by the Marshals to search vehicles, persons, and homes, including but not limited to bedrooms/bathrooms for contraband, illicit substances, and/or prohibited items. In the event that a participant is found to be in possession or custody of prohibited substances, the participant and/or others may be charged with additional violations of Georgia law. **Open/closed containers of alcohol will be confiscated and destroyed on site.**

The Marshals will complete random breathalyzer and/or urine drug screens during home visits. If the participant tests positive for drugs and/or alcohol, he/she will be taken into custody immediately for violation of program rules.

If the participant's address changes at anytime during the program, the participant is required to immediately inform the Court Coordinator of the change in address. Noncompliance with home visits may result in sanctions.

LEAVE / ABSENCE REQUESTS

Participants are not permitted to travel outside of Fulton County overnight without the express permission of the presiding judge.

Requests for travel must be made in writing and submitted to the DUI Court Coordination at least 14 days prior to the date of the proposed travel. The request shall contain the following information:

- Dates of proposed travel
- Destination
- Reason for travel
- Mode of transportation
- Persons accompanying participants on travel

Participants will not be permitted to travel if they are not in full compliance with the rules and regulations of the DUI Court Program. The presiding judge retains discretion to deny any travel request and may impose conditions on the participant's travel and/or shorten the duration.

Participants will be required to attend 12 step meetings while they are away and will be required to submit to a UDS upon return.

*** EMPLOYMENT AND/OR SCHOOL ***

The judge may require you to obtain/maintain employment or enroll in a vocational/educational program.

If you lose your job while in the Program, you will be given a time frame in order to secure another job. While searching for employment, you may be required to participate in job training or community service.

DUI Court staff may verify employment through phone contact with the employer or copies of pay-check stubs. We strongly encourage you to notify your employer of your participation in the DUI Court Program including required court appearances and group sessions.

*** COMPLIANCE REVIEWS ***

Participants in the Program are required to attend court every 2nd and 4th Thursdays for compliance review by the DUI Court Judge and team. The Judge will review your progress with you, the treatment provider, probation officer, and Marshals will determine what rewards, sanctions or adjustments may be appropriate.

During these sessions, you are encouraged to ask the Judge questions and voice any concerns you may have about your treatment program. Each participant will be provided with a monthly calendar containing court dates for the month. It is your responsibility to keep track of your court dates. You will not receive additional notices in the mail. **If a scheduled treatment session coincides with an observed Fulton County holiday, CHR will be closed and sessions for that day are cancelled. Also if weather conditions prohibit either compliance reviews or treatment, participants will be notified.**

PROGRESSIVE SANCTIONS

Sanctions are designed to deter negative and counter-productive behaviors and reinforce positive recovery changes and compliance in the program. If you do not comply with the program rules, regulations and treatment requirements, you will be sanctioned accordingly. Sanctions vary in degree and severity, depending upon the individual case.

*** REPORT DAYS ***

Participants in the Program are required to report to their probation officer on their assigned report day and on time. If you have changes in your life such as address, roommates, employment, etc., you need to inform your probation officer and the DUI Court Coordinator immediately.

*** DRUG TESTING***

Participants in the DUI Court Program are required to submit to random drug screens throughout the program. Drug screens may be provided at any time at court, treatment, or at home. Failure to comply with drug testing requests will be considered as a positive drug screen and may result in sanctions and/or dismissal from the program. If a participant disagrees with the results of an immediate result drug screen, he/she may opt to get the results confirmed or submit to a blood test by an approved laboratory. If the results of the confirmation/lab are positive, the participant is responsible for the cost of the \$25 confirmation test. Tampering with drug screens are strictly prohibited. Diluted or tampered drug screens will be reviewed on an individual basis for sanctions and possible dismissal from the program.

*** TERMINATION FROM PROGRAM ***

Fulton County DUI Court is committed to providing all participants with an opportunity to become alcohol and drug free. However, your continued participation in the Program is contingent on compliance with Program guidelines and regulations. Non-compliance includes, but is not limited to:

1. Your inability to remain clean and sober;
2. Failure to attend and participate in individual and group sessions;
3. Threats or violence against peers or program staff;
4. Altering or tampering with drug screens;
5. Committing a new criminal offense;
6. An accumulation of program violations;
7. Failure to pay Program fees;
8. Continued non-compliance with Program guidelines.

*** COMMENCEMENT ***

You are eligible for commencement when each one of the following conditions have been met:

- You spend a minimum of 360 days in the Program (it may be up to 24 months).
- You have demonstrated sobriety for at least 90 consecutive days.
- You have completed all Program requirements and the team has determined you are suitable for graduation.

Our hope is that you will have established a sober, healthy, and productive lifestyle. Remember, your recovery is an ongoing process. At this point in your treatment, you will have made a very strong beginning to this lifelong endeavor. We invite you to continue as alumni of the Program and be a mentor to new participants. You may be pleasantly surprised and rewarded by the significant influence you may play in helping others overcome their addiction problems. This is a way for you to maintain contact with us and remember what it was like for you when you first entered the Program.

LICENSE REINSTATEMENT

If you are eligible to have your driver's license reinstated in accordance with the rules and regulations of the Department of Driver Services, you must first obtain a Department of Human Resources Certificate of Completion from CHR. **However, until you have completed the Program and treatment fees are paid in full, you will not receive the certificate.** All license reinstatement fees paid to DDS are solely the participant's responsibility.

**IN THE STATE COURT OF FULTON COUNTY
STATE OF GEORGIA**

STATE OF GEORGIA :

CASE NO: _____

vs. :

OFFENSES: _____

_____ :

DUI COURT AGREEMENT

You are being placed in the DUI Court Program pursuant to a sentence of the Court and will be continued in such program provided you comply with the terms and conditions of this Agreement. Read the terms of this Agreement carefully, initial each term of the Agreement, date and sign the Agreement.

I, _____, understand that I have been permitted to participate in the DUI Court Program, and that I must fully comply with the counseling recommendations and all other Court imposed conditions of the program. I also understand that I have entered a plea of guilty to these charges and if I fail to obey the terms of this Agreement, I shall be terminated from the DUI Court Program and will be returned to the sentencing Court for the appropriate action.

1. _____ I agree to pay a \$95.00 fee at my scheduled orientation date on _____ in payment for orientation and my initial screening appointment.
2. _____ I agree to pay \$50.00 per week as a DUI Court fee for the four phases of the program. These payments will be made to the DUI Court office on a scheduled basis.
3. _____ I agree to have no other violations of law. However, I understand that if I do violate the law, I must report that violation immediately to the DUI Court Coordinator and my probation officer. I further understand that any such violation may subject me to termination from the DUI Court Program.
4. _____ I agree to totally abstain from the consumption of alcohol in any form.
5. _____ I agree to be gainfully employed insofar as may be possible.
6. _____ I agree to abstain from the use of drugs, legal or illegal, unless prescribed by a doctor and the use of such prescribed drug(s) is made known to the treatment provider and the DUI Court Coordinator and/or my probation officer. I understand that I must submit any prescription of drugs to the treatment provider for verification and approval. I further understand even over-the-counter, non-prescription medications shall not be used without permission of the DUI Court Program, as some over-the-counter medications will produce a positive reading on drug screens and contain substances such as codeine.
7. _____ I agree to enroll and complete an inpatient/outpatient counseling program as may be recommended by the treatment provider and approved by the Court.
8. _____ I agree to obey appropriate instructions of the Judge, the DUI Court Coordinator, treatment providers, probation officer and sheriff.
9. _____ I shall immediately inform the DUI Court Coordinator of any change of address, telephone number and employment status. Further, I understand I am not to leave the State of Georgia for any reason without first obtaining permission from my probation officer, treatment provider and the DUI Court Coordinator.
10. _____ I agree to allow the treatment provider or other DUI Court personnel to visit me in my home or elsewhere.
11. _____ I agree to attend the court ordered number of formal support group meetings per week.
12. _____ I agree to appear for all DUI Court hearings, counseling sessions, and meetings as required, and comply with any sanctions imposed.
13. _____ I agree to give a breath, blood, urine, or sweat sample, as required, for drug testing and may be responsible for payment of such service.
14. _____ I understand that should I fail to appear for any DUI Court hearings, counseling sessions and meetings as required, a bench warrant may be issued for my arrest.
15. _____ I understand that the DUI Court program will last a minimum period of 360 days.
16. _____ I agree to support any legal dependents that I may have to the best of my ability. I understand this condition is to include any child support that I may already be paying or may pay in the future.
17. _____ I agree to avoid people or places which are harmful or detrimental to compliance with the requirements of the DUI Court Program and/or which would interfere with my continued sobriety.
18. _____ Sanctions for failure to comply with this Agreement may include, but are not limited to curfews, additional formal support group meetings, community service, issuance of probation warrant and petition to revoke probation, jail time, and expulsion from the program.
19. _____ I agree to begin by attending my scheduled orientation on _____, 20 _____, at _____ a.m./p.m.
20. _____ I have read or had read to me and received a copy of the Fulton County DUI Court Program Handbook.
21. _____ I also agree there will be no alcohol, prohibited drugs, unapproved prescription or other medication drugs in my residence or dwelling place.
22. _____ I agree that I will not acquire or possess any weapons for firearms.
23. _____ I agree to the following additional conditions:

I understand that if I comply with the terms and conditions of this Agreement and successfully complete the Fulton County DUI Court Program, I will have satisfied this specific term of my probationary sentence. I acknowledge that I understand the terms and conditions of this Agreement and that I have had the opportunity to speak with an attorney and/or have freely, voluntarily and knowingly waived my rights to legal counsel. _____(initial)

OR

I hereby decline to voluntarily participate in the Fulton County State Court DUI Program and understand I am waiving my rights to such participation in connection with this Accusation. I further understand that my case will be reassigned to another judge for arraignment and disposition. _____(initial).

Signature of Participant Date DUI Court Staff Date

Defense Counsel Date JUDGE, State Court of Fulton County Date



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

**CONSENT FOR THE RELEASE OF INFORMATION TO THE FULTON
COUNTY DUI COURT PROGRAM**

I, _____, hereby consent to the Fulton County DUI Court requesting certain documents and information maintained by the State of Georgia. This includes GCIC records and driving histories as maintained by the Department of Motor Vehicles Safety or equivalent agency in another State. This information will be used solely for the purpose of data collection.

I hereby absolve the facility that releases such information to the Fulton County DUI Court from any and all liability for complying with this authorization.

I understand that this consent will remain in effect for a period of four years and can only be revoked by written request to the Court.

Signature of Participant Witness

Date

Date